The Principal School Medical Officer

R C WOFINDEN, MD, FRCP, DPH, DPA

City & County of Bristol

VIRTUTE ET INDUSTRIA

REPORT FOR 1972

CITY AND COUNTY OF BRISTOL EDUCATION COMMITTEE

Annual Report

of the

Principal School Medical Officer

R. C. WOFINDEN, M.D., F.R.C.P., D.P.H., D.P.A.

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

(Principal Medical Officer, School Health Service)

1972

SIXTY-FIFTH YEAR

INDEX

BRISTOL EDUCATION COMMITTEE

Chairman:

Councillor C. DRAPER

Vice-Chairman:

Alderman the Rev. F. C. VYVYAN-JONES

SPECIAL SERVICES COMMITTEE

Chairman:

Councillor Mrs. F. M. BROWN, C.B.E., M.A.

Chief Education Officer:

H. S. THOMPSON, M.B.E., B.Sc.

Principal School Medical Officer and Medical Officer of Health

R. C. WOFINDEN, M.D., F.R.C.P., D.P.H., D.P.A.

Principal Medical Officer, School Health Service:

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

CITY AND COUNTY OF BRISTOL

Population (June 1972)	421,580
Number of pupils on registers of maintained primary, secondary, special and nursery schools (January 1972)	71,709

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., F.R.C.P., D.P.H., D.P.A.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

PRINCIPAL MEDICAL OFFICER, SCHOOL HEALTH SERVICE

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

SCHOOL MEDICAL OFFICERS (Joint Appointments with the Local Health Authority)

J. E. Kaye, Med.Dip.(Warsaw), D.P.H.
P. Tomlinson, M.D., D.P.H., D.T.M & H.
Isabel M. Price, M.B., Ch.B., D.C.H., D.(Obst.).R.C.O.G.
Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H.
Enid M. Tulloch, M.B., Ch.B., D.P.H.
E. E. Warr, M.B., Ch.B., D.P.H.
J. P. W. Paget, M.D.(Lille), D.P.H.
Margaret J. Bowie, M.B., Ch.B.
Jean M. Ross, M.B., Ch.B., D.(Obst).R.C.O.G. (part-time)
S. J. P. Woods, M.B., Ch.B., D.(Obst).R.C.O.G., D.P.H.
W. J. Poulsom, M.B., B.S., L.R.C.P., M.R.C.S., D.(Obst).R.C.O.G., D.P.H.
Margaret J. Gibson, M.B., Ch.B., D.C.H., (part-time)
J. C. Cornwell, M.A., M.B., B.S., D.(Obst).R.C.O.G, D.T.M.&H.
Jean Price, M.B., B.S., D.(Obst).R.C.O.G. (to 30.6.72)

CONSULTANTS — PART-TIME

Ear, Nose and Throat	J. Freeman, M.B., F.R.C.S., D.L.O. R. K. Roddie, M.B., F.R.C.S.*
Orthopaedic	D. M. Jones, M.B., M.Ch. (Orth.), F.R.C.S.*
Ophthalmic	P. Jardine, F.R.C.S.(E), D.O.M.S. H. Bannerman, M.B., D.O.M.S.* A. S. Shah, M.B., B.S., D.O.M.S., D.O.* (to 4.9.72) *
Cardiac	S. C. Jordan, M.D., M.R.C.P. (by arrangement with United Bristol Hospitals)
Orthoptists	Miss M. J. Smith, S.R.N., D.B.O.* Mrs M. Fidler, D.B.O.*

DENTAL SERVICE (Joint Appointments with the Local Health Authority)

Principal School Dental Officer	J. McCaig, L.D.S., F.R.P.S.
Divisional Dental Officers	G. J. Tucker, B.D.S., D.D.P.H., R.C.S. M. P. Evans, B.D.S.

School Dental Officers		R. D. Hepburn, L.D.S.
		W. J. Constantinc, L.D.S. (to 1.9.72)
		P. W. Carnie, B.D.S., M.B., B.S.
		G. Duggan, B.D.S.
		Rene C. Capper, L.D.S.
		Ruth A Yearn, B.D.S., L.D.S., R.C.S.
		J. R. Gordon, L.D.S.
		Valerie N. Jordan, B.D.S.
		R. K. Valteris, B.D.S.
		D. Spriggs, B.D.S.
		R. Summers, B.D.S. (to 22.9.72)
		P. L. Thomson, B.D.S.
Clerical Assistant		Miss S. J. Cleary
Orthodontist		Miss I. C. Dewar, B.D.S., D.D.O.

CHILD AND FAMILY GUIDANCE SERVICE

Medical Director		H. S. Coulsting, M.B., Ch.B., D.P.M.*
Consultant Psychiatrists		W. L. Walker, M.D., D.P.H., D.P.M.
		J. Gordon-Russell, M.B., M.R.C.P., D.P.M.*
		M. J. Gay, M.B., Ch.B., D.C.H., D.P.M.
Senior Psychiatric Registrar		W. A. Saunders, M.B., M.R.C.P.
Clinical Assistant to Dr. Coulsting		B. Walley, M.B., B.S., D.P.H., D.C.H.
Principal Educational Psychologist		R. V. Saunders, M.A., B.Ed.
Senior Educational Psychologists		N. W. R. Sims, M.A., B.D.
		Mr. M. Bennathan, M.Comm., B.A.
Educational Psychologists		N. Jones, B.A., D.M.A.†
		Mrs. S. Perks, B.Sc.
		Mrs. L. Goswell, B.A.
		Miss M. Holder, B.Sc.
		Mrs. A. Bruges, B.A. (to 19.10.72)
		Miss P. K. Bowyer, B.Sc.
		Mrs. H. Cleaver, B.Sc. (to 31.3.72)
		B. L. Williams, M.Sc. (from 1.10.72)
Lay Psychotherapists		Miss K. Hunt, B.A.
		Mrs. B. Gibson-Hamilton, B.A. (from 1.9.72)
Head Social Worker		Mrs. A. E. Porter
Senior Social Workers		Miss M. B. E. Shearman (to 31.7.72)
		Miss W. A. Maitland
		Miss M. Porch, B.Sc.
		Miss J. F. Fletcher
		Mrs. H. Corrick, B.A.
		Miss R. Crowch, B.Sc.
		Mrs. M. E. P. Cummings
		Miss P. A. Tyndale, B.A. (from 6.11.72)
Clerical Staff		Mrs. P. Hodges
		Mrs. J. B. Grimes
		Mrs. V. S. Stone
		Mrs. M. Hinman
		Mrs. O. Bowles (from 3.1.72)
	(part-time)	Mrs. P. McClure
	(part-time)	Mrs. J. D. Murphy (to 18.8.72)
	(part-time)	Mrs. D. Harris
	(part-time)	Mrs. D. Vickers
	(part-time)	Mrs. L. Coombs (from 4.12.72)

*By arrangement with the Regional Hospital Board

†Joint appointment with United Bristol Hospitals

CHIROPODY

Chief Chiropodist	J. Pugh, F.R.S.H., M.Ch.S., S.R.Ch.
Deputy Chief Chiropodist	R. L. Townson, M.Ch.S., S.R.Ch.
Chiropodists	R. Atkinson, S.R.Ch.
	A. Hynam, M.Ch.S., S.R.Ch.
	Mrs. Hopkins, M.Ch.S., S.R.Ch.
	F. Lawrence, M.Ch.S., S.R.Ch.
	Mrs. D. Tann, M.Ch.S., S.R.Ch.
	Miss V. M. McCarthy, M.Ch.S., S.R.Ch. (to 2.6.72)
	Mrs. M. M. Parrott, M.Ch.S., S.R.Ch. (to 31.8.72)

SPEECH THERAPY

Senior Speech Therapist	Mrs. Beryl Saunders, L.C.S.T.
Speech Therapists	Mrs. J. Spencer, L.C.S.T.
	Barbara A. Bond, L.C.S.T. (to 20.9.72)
	Moira G. McKinnon, L.C.S.T.
	Pauline Ball, L.C.S.T. (to 8.9.72)
	Valerie F. Jones, L.C.S.T.
	Paula C. Booth, L.C.S.T.
	Miss P. Blake, L.C.S.T. (from 1.9.72)
	Mrs. H. Sheterline, L.C.S.T. (from 25.9.72)
	Mrs. D. Kydd, L.C.S.T. (from 2.10.72) Claremont School
	Mrs. A. L. Wilks, L.C.S.T.
	Mrs. G. L. Bradshaw, L.C.S.T.

AUDIOMETRY

(part-time)	Mrs. S. Bicknell (to 23.2.72)
(part-time)	Mrs. A. Climie
	Mrs. J. M. Mulberry
(part-time)	Mrs. C. Lahiri (from 19.6.72)

HEARING AND SPEECH SERVICE

Clerical Staff	Miss S. J. Kelleher
	Miss J. D. Skuse (to July 1972)
	Mrs. M. C. Beard
	Mrs. S. Pople (from 21.8.72)

NUTRITION

Nutritionist	Miss M. Chapman, S.R.D.
Assistant Nutritionist	Miss G. D. Burman

NURSING SERVICE

Director of Nursing Services	Miss M. Marks Jones, S.R.N., S.C.M., H.V., N.A.C.
Divisional Nursing Officer	Miss J. M. Marsh, S.R.N., S.C.M., H.V., Dip.P.H.Nursing (McGill)

ADMINISTRATIVE AND CLERICAL STAFF

Administrative Officer	F. J. Oldfield, D.M.A.
Senior Assistant (records)	K. E. K. Eddolls, S.R.N., Q.N.
Assistant (Records)	E. J. Pike
Clerical Assistants	Mrs. H. Wood
	Miss M. Portwood
	E. J. Davis (to 1.6.72)
	Mrs. K. Barrett
	Miss J. C. Spencer
	R. Williams
	Miss E. E. Starling
	S. Shepherd
	Mrs. S. Bevan
	Mrs. Y. Anderson (from 24.1.72)
	Miss C. Prowse (from 27.11.72)
Clerk/Shorthand Typists	Mrs. S. Lovell (to 14.4.72)
	Miss B. A. Baker (to 18.2.72)
	Miss D. Beaver (from 5.4.72)
	Miss P. M. Curtis (from 1.6.72)

Persons, other than those whose names appear in the list of staff, who have contributed to this report are the following:

T. K. Aston, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector*

Miss J. A. Battersby, *Chief Organiser of School Meals*

Miss I. M. Bond, B.A., *Head of Kingsweston School for E.S.N. Senior Children*

Miss J. Davis-Morgan, *Head of Henbury Manor School for E.S.N. Junior Children*

B. M. Dyer, M.B.E., B.A., *Principal Careers Officer*

Mrs. L. A. Everett, *Head of Highwood School for S.S.N. Boys*

Barbara Hale, M.B., Ch.B., D.C.H., D.(Obst.), R.C.O.G., *School Medical Officer*

A. B. Lavelle, M.B., Ch.B., *Medical Adviser to Brunel Technical College*

P. Mackintosh, B.A., *Health Education Officer*

Miss M. J. McNaught, *Head of New Fosseway School for S.S.N. Children*

A. J. Rowland, M.B., D.P.H., *Principal Medical Officer (Epidemiology)*

J. N. Tolley, *Head of Florence Brown School for E.S.N. Children*

M. Watts, S.Sc.D., *Chief School Welfare Officer*

C. Williams, *Head of South Bristol School*

R. D. Williams, *Head of Elmfield School and Director of Services for the Deaf*

INTRODUCTION

To the Chairman and Members of the Education Committee:

I have much pleasure in presenting the Annual Report of the Bristol School Health Service for 1972, the 65th report in the series.

Plans and preparations for the dual re-organisation scheduled to take place in April 1974 have again been uppermost in our thoughts and have cast their shadow over most of the activities undertaken during the past year. Discussions with neighbouring Authorities are already helping in the formulation of a corporate approach to the health and welfare needs of the schoolchild population of the new Avon County. The early identification of particular problems in the area is of necessity the first stage towards their solution and the next year or so is going to be a time of unprecedented activity if 1st April 1974 is to witness the birth of an Area Health Authority providing a problem-free service to the 150,000 schoolchildren in the Avon Local Education Authority.

School Medical Officers have again maintained their annual programme of periodic inspections for new entrants and school leavers. This has been achieved largely because of two factors: firstly, the few vacancies which have occurred in the School Medical Officers' ranks have been filled, sometimes after valuable temporary service from married women doctors who continue to assist at such times in a sessional role. Secondly, the raising of the school leaving age in September gave some temporary respite in the task of medically examining pupils in their final year by extending the available period. But this advantage has been offset by the increasing numbers of older pupils now undertaking part-time employment and requiring medical certificates of fitness before doing so.

Health Centre development has continued and this, together with schemes for the attachment of health visitors to medical practices, has given added impetus to the community orientation of the health services. This concept has also been reflected in the strengthening links with the Social Services Department and in the attachment of some of our School Medical Officers as clinical assistants to various hospital consultants. If the combined results of the efforts of all concerned leads to the promotion of better health amongst our children rather than merely treating their frank disease within the hospital confines, then a major step forward will have been achieved.

The onset of the darkest months of winter always seem to be the signal for industrial unrest, particularly among those workers engaged in the supply of fuel and power and 1972 was no exception. The miners' strike led to some disruption of school life in February; but, in common with most of their peers throughout the country, Bristol schoolchildren rejoiced in the resultant extension of the Spring mid-term holiday.

The early months of the year were also remembered for the notoriety achieved by the zinc smelter at Avonmouth. Reports of alleged lead poisoning among the workers gave rise to prolonged periods of surveillance over the health of school-children in the area; but despite substantial blood-testing programmes, no unduly high levels of lead were discovered.

During the year we were able to make a long overdue extension into holiday periods of our provision for severely handicapped children, and in partieular, those with incontinenec problems. Whilst it has always been our policy to provide pads and pants for these unfortunate ehildren when in school, it was felt that some help should be given in making supplies available at weekends and during holiday times, thus relieving to some small extent the financial strain on their parents, who are unable to benefit under normal National Hcalth Service arrangements. The help of various voluntary organisations, notably the Spina Bifida Association, is acknowledged in getting a suitable distribution scheme under way.

Two other events will, it is hoped, play an important part in bringing some benefits to handieapped schoolchildren. In an effort to bring the training of our school medical offieers more into line with modern requirements in this field, several of them have during this year participated in the developmental paediatrics course run under the auspiees of the University Department of Child Health and on whieh they will be engaged one day a week for an aeademie year. The other event was the official opening in May of the new purpose-built South Bristol School for physieally handicapped children. Mr. C. Williams, the Headmaster, gives a fuller account in his report.

This year, for various reasons, we have been unable to print detailed artieles about all our special schools. This is not to say, however, that progress has come to a standstill in all but the representativc few schools that have contributed. Indeed, much valuable work has continued in those other schools which are named in the various seetions of this report.

Researeh projeets undertaken includc a survey into maladjustment amongst children in one of our large comprehensive schools (Dr. Martyn Gay, Consultant Child Psychiatrist, later reports in detail on his findings) and a follow-up to the hay fever study carried out in the previous year. Desensitization was offered to a selected sample of the 6% of Bristol secondary schoolchildren found to be suffering from hay fever and no adverse symptoms were reported. A close watch will be kept on the condition of these children next summer and we hope some benefit to them will ensue. Unfortunately, the high cost of courses of treatment prohibits more widespread application until a cheaper and more certain remedy is found.

The special medical examinations of junior schoolchildren to determine their entitlement to free milk on health grounds continued throughout the year, happily on a reduced scale. The resourees necessary for the initial assessment of qualifying children were sufficient to ensure that all cases were reviewed at the appropriate times and also to cope with the relatively few new cases. At present about 700 Bristol children are receiving "medical" milk, whieh is about the national average of 3–4% of children in this age-group.

An interesting contribution to this report comes from Dr. A. B. Lavelle, who gives an aecount of his work among the students at Brunel Technical College.

It would not bc fitting to end this introduetion without acknowledging the great amount of help we have continued to receive from all our colleagues—in both statutory and voluntary organisations—who are also engaged in thc health and well-being of the city's ehildren. Dr. Smallwood and his staff have conduеted the day-to-day administration of the serviee and to them, as to the Committee for their continued support, I am indebted.

R. C. WOFINDEN
Principal School Medical Officer

CARDIAC CLINIC FOR SCHOOLCHILDREN

S. C. Jordan

The Cardio-Rheumatic Clinic was originally started by Dr. Carey Coombs and continued by Professor C. Bruce Perry. Its original purpose was to watch over the children who had had acute rheumatism, to look for evidence of recurrence and to advise about the sort of activities which children could enjoy.

With the decline of acute rheumatism, we are fortunate in seeing few children either with acute rheumatism or with established rheumatic heart disease nowadays. The Clinic is still being carried on and, whilst it has a useful part to play in the management of rheumatic heart disease (by looking for evidence of developing cardiac disease and by ensuring that penicillin prophylaxis is maintained), the scope has been widened to take in children who have congenital heart disease and also those who are noted at routine examination to have murmurs which may or may not be significant.

Children with congenital heart disease are now routinely seen and assessed. Those who appear to have significant lesions, either causing symptoms at the moment or likely to lead to deterioration later on in life, are investigated by cardiac catheterisation.

Many children are seen in whom murmurs have been heard at routine examination. Fortunately the majority of these have functional systolic murmurs and they and their parents can be reassured about the benign nature of the murmur.

A tie-up has been established with the Congenital Heart Register of the United Bristol Hospitals. This is currently being reviewed, data being recorded on punch card and taped for further analysis.

CHILD AND FAMILY GUIDANCE SERVICE

H. S. Coulsting

During the year the distribution of staff throughout the Service continued the decentralisation previously referred to, so that all clinic areas are now reasonably equally covered, leaving just a minimum of central clinical functions which are basically a communal part of the Service. The central clinic continues to serve the south parts of areas North II and East, as this is convenient for our clients.

The other side of this picture is that the area clinics are establishing a connection at community level and it is from this that we anticipate worthwhile future progress. On this aspect it is noteworthy that the South Bristol project has been started and the United Bristol Hospitals are allowing a certain amount of time from resources personnel to be available at the community level in the Knowle area. The idea of this project is to stimulate interest in progressive integration of all of the services concerned with mental health at community level. We look forward to the results of this very worthwhile project.

Indirect services have continued to expand throughout the year. This is in terms of staffing consultation at Community Homes and with the area teams of the Social Services Department, together with services to maladjusted schools and the various school units which are being opened in 1973. The latter have been the subject of quite a lot of work and consideration throughout the year. The preliminary field work has been going on in six schools which are developing units in the near future. This entails quite a bit of survey work to identify children in need. The most interesting survey was carried out by Dr. Martyn Gay and his team in one of the comprehensive schools to indicate the level of emotional disturbance. It is anticipated that this sort of approach will continue to be useful in the future and will help to indicate where scarce resources can be most usefully applied.

An interesting change in accent is becoming evident in the treatment work of the clinics. More group sessions are being held throughout the Service and we now have well established treatment groups for parents and adolescents together with fairly well-established groups for parents and children together. Noteworthy amongst the last mentioned is the increasing number of groups for under-fives and their parents which are now in existence in many clinics throughout the Service. Our experience is that the use of group approaches in treatment is both more economical and, in correctly assessed cases, equally or more effective than the traditional individual approach.

Throughout the year the clinic staff from the whole of Avon have met from time to time to examine the various problems that will arise in 1974 and quite a considerable amount of thought has been given to future establishment and function of the Service. This has been an altogether worthwhile exercise.

	1971	1972
Psychiatric		
Diagnostic interviews	591	683
Treatment interviews	2,865	1,966
Parent interviews .	175	206
Others interviewed	149	93
Other visits	70	52
Psychological		
Examinations	403	696
Treatment interviews	475	627
Parent interviews	156	194
Others interviewed	127	154
Home visits	8	19
Other visits	—	123
Social Work		
Parent interviews	4,425	3,625
Others interviewed	275	228
Home visits	987	1,418
Other visits	102	270

CHILDREN'S CHEST CLINIC

Barbara Hale

The referrals to this clinic fall into three groups, namely asthmatics, allergies and recurrent upper respiratory tract infections with or without chest complications. The majority of these children suffer from prolonged absenteeism from school and restricted physical activity. The obvious aim of the clinic is to improve the symptoms as far as possible and also to help the children to cope more adequately with any residual disability, thus enabling them to improve their school attendance and lead more active lives.

Statistics

No. of patients	73 (25 new including one pre-school)
No. of attendances	239
Desensitized	6 (2 mite) (1 cat fur) (3 pollens)
Skin tested	5 (3 for subsequent desensitization)

2 children also treated for enuresis

Referrals

Physiotherapy — Breathing exercises and/or postural drainage	27
Short wave diathermy	13
E.N.T. Consultant	1
Hearing assessment	1
Orthopaedic Consultant	1
Dermatologist	1

One girl was recommended for South Bristol School and one boy continued to attend Periton Mead.

CHIROPODY SERVICE

J. Pugh

The attached table indicates the incidence and number of treatments given during 1972. The total number of treatments is much the same as 1971; because of staffing difficulties no expansion of this service was possible.

During the year there were two developments concerning children's feet which invite comment—

(1) The proposed introduction of V.A.T. and the possible effect it might have in contributing to the incidence of foot abnormality. The Chief Chiropodist was asked to present evidence to the MONRO COMMITTEE on this subject. This evidence, in brief, was to the effect that any increase in the price of children's shoes could have considerable effect, and it was recommended that V.A.T. should be placed at zero rating.

(2) It is becoming ever necessary to consider changing fashions in footwear and the long term effects on deformity of feet. A new change of fashion in female footwear is the platform type of shoes and boots, with thickness of soles up to three inches and heels of six inches. Quite apart from long term effects, the short term effect is of ankle injuries, by tearing of ankle ligaments, and in one reported case in the National Press of a young girl breaking both legs after a fall, due to loss of balance.

The essential fault appears to be the loss of prehensility of foot function in this type of footwear. The uppers are broad enough to prevent deformity of toes, but this footwear drags on the back of the heel and, with insufficient means of securing the footwear across the midfoot, the toes are flexed to hold the footwear on to the heel. The long flexor muscles to the toes are situated in the calf of the leg, and the tendons pass around the ankle joints to the fore foot. When eventually the muscles tire, control of the ankle joint is lost, and the strain is taken on the ligaments. Repeated small tears in the ankle ligaments cause thickening of the ankle joints whilst these small injuries heal. Eventually in some cases the tear assumes a major proportion, and the ankle "turns over", with complete loss of balance and a more serious injury takes place.

Fashion rather than comfort will always dictate what will be worn, and manufacturers state they must make footwear which is current fashion in order to sell.

"'Twas ever thus."

		Attendances	
		1st	*Other*
Infective origin	Verrucae	2,284	8,978
	Tinea pedis	29	43
	Septic lesions	6	1
Orthopaedic anomalies	Hammer toe	8	8
	Metatarsalgia	9	23
	Pes cavus	4	5
	Hallux valgus	16	29
Nail conditions	Ingrowing	53	119
	Septic	9	4
	Other	29	46
Corns		149	275
Other conditions		90	28
		2,686	9,559

Total treatments 12,245 (1971—11,223)

Total sessions 589 (1971— 600)

DEATHS OF SCHOOLCHILDREN

During 1972 the number of deaths of Bristol children of compulsory school age was 23, 13 boys and 10 girls.

Causes of death were as follows:

	Age in years	*Boys*	*Girls*
Acute gastro-enteritis	6	1	—
Measles encephalitis	7	—	1
Sarcoma left hand	12	—	1
Acute lymphoblastic leukaemia	6	1	—
,, ,, ,,	8	—	1
Hydrocephalus ependyma	5	—	1
Disseminated hepatoblastoma	5	1*	—
Diabetic coma	11	—	1†
Acute cardiac failure	10	—	1
,, bronchopneumonia; cerebral palsy	5	—	1
,, ,, ,, ,,	10	—	1*
Coarctation of aorta	11	1	—
Congestive cardiac failure; tetralogy of Fallot	6	—	1
Road Accident	9	1	—
,, ,,	5	1	—
,, ,,	11	1	—
,, ,,	6	1	—
,, ,,	5	1	—
,, ,,	7	1	—
Barbiturate poisoning } twins	6	1	—
,, ,, }	6	1	—
Renal failure	9	1	—
Huntingdon's chorea	14	—	1
	—	13	10

* Did not attend school.

† Attended private school.

Of the six fatal road accidents, five concerned pedestrians knocked down by motor vehicles on the public highway; the sixth was a pedal cyclist. The poisoning case, involving six year old twins, resulted in a conviction.

DENTAL CLINICS

J. McCaig

The work of the school dental service was constant for most of the year until September, when two vacancies occurred, one due to the retirement of Mr. Constantine at Brooklea Clinic, the other with the resignation of Mr. Summers from Lawrence Weston Clinic.

A sessional dental officer was appointed to Brooklea Clinic so that the continuity of the service at this clinic did not suffer.

At Lawrence Weston Clinic, one session a week was devoted to emergency cases by one of our full-time dental officers. This loss of staff did mean that some dental inspections had to be left out until the early months of next year but only a few schools were affected. Both vacancies will be filled by full-time dental officers in the early part of next year and it would appear that there is no effect on recruitment, in spite of the uncertainty of the future pattern of the school dental service, when it transfers to the National Health Service in April 1974.

In schools 58,629 children were screened for dental treatment and 6,689 were inspected in clinics, making a total of 65,318 out of a school population of approximately 71,000.

Mr. Potter, Dental Officer from the Department of Education and Science, reviewed Bristol's school dental services in November and his report is expected early next year.

Mr. Tucker, Divisional Dental Officer at Southmead Health Centre, attended a postgraduate course in Dental Public Health at the University of Bristol and was successful at the examination held in London at the Royal College of Surgeons and was granted the Diploma in Dental Public Health.

Orthodontic work was carried out by Miss Dewar at Central Health Clinic, William Budd Health Centre and Portway Clinic. She visits other clinics to screen patients for orthodontic treatment and advice and this service is very much appreciated by the children and parents. The success of this aspect of highly specialised dentistry is assured, because the presence of the orthodontist in our clinics contributes to a feeling of confidence among the patients, which is expressed in a low discontinued rate in this form of treatment.

A third of all adults in England and Wales have no natural teeth left and 98% of children in Britain have gum disease. It is little wonder that in the population there is a widespread feeling of inevitability of tooth decay and extractions, with the result that many people still prefer to have teeth extracted than filled. Children today are increasingly aware of how to take care of their teeth and have advantages over their parents in this form of education which is given in schools and in clinics where dental health literature is available. The effort that some children make to prevent dental disease is not rewarded with good teeth in many cases and this gives both children and parents a feeling of no control over their teeth. After all their efforts, they discover that they have still to attend the dentist for fillings and extractions and thus become discouraged, with inevitable results.

This year, preventive dentistry is on everyone's lips but not on their teeth. A film shown recently on television renewed the public interest in such preventive measures as topical application of fluorides, fissure sealants, and debates are carried on in high places on the advantages or merits of these preventive measures.

Toothbrushes and how to use them, their effects, if any, on tooth decay, merit discussion and arguments for and against can be heard daily in groups gathered to discuss preventive dentistry. These arguments are lengthy and sometimes fierce—perhaps a little too serious on a subject which is really a socially desirable habit.

In June an inaugural meeting took place of a voluntary society P.A.C.T.—Parents Action for Children's Teeth. One of the chief aims of this society is to achieve a better understanding by parents of the simple measures which can protect their children from dental disease.

The Health Committee unanimously agreed to fluoridation of the public water supply and the recommendation by the Health Committee was passed in principle by Bristol City Council. It remains now for the surrounding Councils who receive Bristol's water supply to agree to this public health measure, then many children in future in this area will benefit from the effectiveness of fluoridation to the extent of 60% less dental decay.

While it cannot be said that fluoridation is the total answer, a 60% reduction in dental decay would go a long way to improve dental health, because the dentists could then cope with the remainder of dental disease. Fluoridation should be the basis of any scheme of preventive dentistry because it does not depend on social class, education, family income, or the availability of dentists. It is a great public health advancement and in a decade or two could produce good dental health in a future generation. Fluoridation is not just for an improvement in appearance or freedom from pain or discomfort, but is essential for good sound teeth which are desirable for social communication. Those against fluoridation should desist from their attitude of disbelief and be assured of its ultimate achievement.

The table at the end of this section shows work carried out by the school dental service.

EAR, NOSE AND THROAT SERVICE

Weekly E.N.T. sessions have continued throughout the year under Mr. R. K. Roddie and Mr. J. Freeman, by arrangement with the Regional Hospital Board, and particulars of attendances are given below:

	1972			*1971*		
	First	*Other*	*Total*	*First*	*Other*	*Total*
Ears	269	148	417	239	131	370
Nose and throat	248	122	370	296	87	383
	517	270	787	535	218	753

At 31st December, 695 children under 16 years of age were on the waiting lists of local hospitals for tonsillectomy and/or adenoidectomy, compared with 535 in the previous year. Many of these, however, were not Bristol children and many others had been referred direct by their G.P.s; but the figure does include 216 children referred from the School Health Service.

HEARING ASSESSMENT CLINIC

J. E. K. Kaye
E. M. Tulloch
I. M. S. Price

Audiometry in schools is now a well established service. We are up-to-date in screening children in the first year of infant school life. Great efforts have been made by the audiometricians to make sure that no child has been missed owing to absence on the day when tests were originally carried out. As in previous years, we have kept close supervision over all children in special schools, especially in those for mentally and physically handicapped children.

Since Training Centres have become schools for severely sub-normal children, we have been carrying out routine hearing tests in them also. Deaf children in Elmfield School and children in the partially hearing units have been tested each term and once a year have had a full medical inspection with the parent present. This is useful in giving the parent an opportunity to discuss problems with the Medical Officer. Children with impaired hearing in ordinary schools are supervised by the peripatetic teacher of the deaf and are tested and examined by the Medical Officer once a year.

In a random selection of junior schools, Miss Bullock, helped by Miss Watson, carried out a pilot scheme to evaluate the necessity of testing hearing in the Junior Schools as well as in Infant Schools. Children in their last year in Junior School were tested. The following are the results:

Fourth Year Junior Screening — 20 Schools Selected

1,193 children tested, of whom 980 were screened at infant level.
77 failures — of whom 42 attended for full diagnostic audiometry.

Final results:

2 perceptive bilateral losses — already under Hearing and Speech Centre.
2 perceptive unilateral losses — under E.N.T. Consultants.
17 conductive bilateral losses:
- 5 already under Hearing and Speech Centre
- 4 under E.N.T. Concultants
- 4 referred to E.N.T.
- 4 under observation

5 conductive unilateral losses:
- 3 referred to E.N.T.
- 2 under observation

2 unreliable results — under observation
14 no significant hearing loss — discharged

Of the 213 children not screened previously, only 6 failed this time initially and 3 of these were discharged on rescreening as having no significant hearing loss.

Remaining 3 children:
- 1 under E.N.T. Consultant
- 1 referred to E.N.T. Consultant
- 1 slight loss lower frequencies — under observation

We think that routine screening of children in the Junior School is unnecessary provided that the child is referred for hearing assessment should the teacher or medical staff suspect any impaired hearing. All children newly arrived in Bristol and having their first school medical inspection should be referred for a hearing test. Particular attention should be paid to all children in special classes and those who require remedial teaching.

General

The main follow-up of children with impaired hearing is carried out at the Hearing and Speech Centre, Clifton, but we test children also in their schools and local clinics. This has proved to be very valuable and convenient for parents with other small children as well as the patient. Our work has been made possible because of the support and help we have received from Heads of Schools, Clinic Superintendents and Health Visitors.

The following figures illustrate the work carried out for the School Health Service:

	1972	*1971*
Total number of children screened	10,433	7,967
Total number of children failed	1,947	1,971
Follow-up clinics:		
Number with no significant hearing loss and discharged	1,684	1,223
Number with slight hearing loss and still under observation	1,701	1,592
Number referred to E.N.T. Consultant	216	152
Number referred to Hearing Assessment Clinic for full assessment	19	83
Number already under treatment	133	109
Total examined	3,753	3,159

With regard to pre-school children, as in previous years the Health Visitors have continued to screen hearing of babies aged seven months and they have also followed up the development of speech. Babies failing the test and toddlers with delayed development of speech are referred to the Hearing and Speech Centre for full assessment.

We have worked in close co-operation with Mr. Williams, Head of Elmfield School and Mr. Ashton, Head of External Services for the Deaf, and have received great help and support from the teachers in the Partially Hearing Units and from the Peripatetic Teachers of the Deaf.

The assessment of hearing and educational placement of hearing impaired children is a team decision. For this purpose we hold a monthly conference to which all interested parties are invited. This includes the Head of Elmfield School, the Head of External Services for the Deaf, the teacher from the Partially Hearing Unit or the Peripatetic Teacher of the Deaf, the Medical Officer and any other person who may be involved with the child.

We continued having courses for newly appointed Health Visitors and held a refresher course for Health Visitors trained in previous years. We lectured to mature students in training for work in special schools at the Teachers' Training College. On a number of occasions post-graduates have attended the Hearing and Speech Centre for demonstrations in our techniques.

Staff changes

Miss Zilla Watson, teacher of the deaf, who had worked with us since 1967, left at the end of the Autumn term 1972. She was a member of the assessment team and also gave parents guidance and training to the pre-school deaf and partially hearing children. She has left to take up an appointment in a diagnostic centre in Yorkshire.

Mrs. S. Bicknell has left the staff and Mrs. Lahiri has joined us part-time and is being trained in school audiometry techniques.

In the autumn Radio Bristol visited the Hearing and Speech Centre and made a short programme about deaf children and our work with them.

The following figures show the work carried out by the staff of the Hearing and Speech Centre.

Statistics

		1972		1971	
No: new cases referred (see below)		765		647	
Attendances (new cases) —	under five	596		430	
	over five	514		289	
		1,110		719	
Attendances (old cases) —	under five	250		282	
	over five	918		892	
		1,168		1,174	
Total attendances at Medical Officers' sessions			2,278		1,893
Attendances at E.N.T. Consultant sessions —	under five	101		115	
	over five	320		295	
			421		410
No: referred for E.N.T. treatment		206		199	
Attendances for psychological assessment —	under five	41		31	
	over five	57		59	
			98		90
Attendances for auditory training and parent guidance by Teacher of the Deaf			551		568
Total attendances of children at the Hearing and Speech Centre			3,348		2,961

Source of Referral

No: referred by:	Medical Officers	326	229
	Consultants	106	111
	Health Visitors	112	108
	General Practitioners	115	95
	Psychologists	18	13
	Speech Therapists	21	23
	Others	67	68
		765	647

Analysis of New Cases

Number of:			
Profoundly deaf	under five	2	2
	over five	1	2
Profoundly deaf with other handicaps	under five	2	1
	over five	—	2
Partially perceptive, unilateral	under five	1	3
	over five	16	20
Partially perceptive, bilateral	under five	14	7
	over five	16	17
Partially perceptive with other handicaps	under five	—	—
	over five	2	1
Partially conductive deafness	under five	39	55
	over five	51	46
No significant hearing loss but other handicaps	under five	12	9
	over five	8	2
Referred for speech therapy (referred to Speech Team 32)		111	103
Hearing aids issued	Commercial	17	32
	National Health	20	27

EMPLOYMENT OF CHILDREN

During the year 384 children were examined in order to ascertain their fitness for part-time employment. Work permits were issued as follows:

Employment	*Boys*	*Girls*	*Total*
Newsagents	146	46	192
Others	65	127	192
			384

CHILDREN IN ENTERTAINMENTS

During the year 6 boys and 39 girls were medically examined for licences to appear in various public performances, including the pantomime at the Hippodrome.

Also involved were 14 boys and 54 girls living outside Bristol but wishing to participate in similar productions within the city; these were medically examined and supervised.

ENURESIS CLINIC

J. Paget

In 1972, 270 children attended the clinic; of these 130 were new cases and 140 continued attendance from the previous year. The total number of attendances made was 1,360. Compared with the previous year's figures, these show an increase of 26.2% in the number of new cases seen.

During the year 152 patients were treated with the enuresis alarm or buzzer, as compared with 130 in the previous year. The larger number of new cases to whom a buzzer was lent resulted in a shortage of alarms and the need to operate a waiting list at times.

The great majority of enuretic children have no organic causes for the condition and none was found in the children investigated in 1972.

Approximately 85% of the children seen at these clinics had the primary type of enuresis, i.e. they had never acquired the habit of dryness at night. The remainder had the secondary or onset type, where the symptom developed after a period of dryness of at least one year. The latter is usually emotional in causation with the exception of the small minority in whom an organic basis is found. In all the groups seen, boys were more commonly affected than girls, the proportion being 2-1.

The underlying causes of bedwetting are multiple and incompletely understood but all writers on the subject agree on the need to "lower the emotional temperature". An explanation as to the nature of bedwetting, its frequency and curability will therefore help and whenever it is possible background problems must be dealt with.

Treatment has remained very much the same as in the previous years although fluid restriction and "lifting" of the child do not enjoy the same vogue as before and are particularly to be avoided when a buzzer is used.

EYE CLINICS

P. Jardine

During the year 4,304 children were examined with a total attendance figure of 6,230. Comparable figures for 1971 were 3,464 children with 5,280 attendances. Orthoptic department figures for attendances at the Central Health Clinic and the Mary Hennessy Clinic also showed an increase—3,867 attendances in 1972 compared with 3,085 in 1971.

Operations performed at the Bristol Eye Hospital on Bristol school children totalled 191—159 for squints, 6 for cataracts and 26 others: corresponding figures for 1971 were 229 operations—193 for squints, 4 for cataracts and 32 others. Regular visits were arranged throughout the year to examine the vision of handicapped children at Claremont and South Bristol Schools.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

At the end of 1972, 3 children (2 boys and 1 girl) were being maintained at the Ysgol Penybont, Bridgend. These children come home each weekend in transport provided by this Authority and this arrangement is made use of by other neighbouring Authorities also maintaining children at the Bridgend School. In addition one boy was at Condover Hall, two boys and one girl were following further courses at the Royal Normal College and two other boys continued at Worcester College for the Blind.

PARTIALLY SIGHTED CHILDREN

In December 1972 there were 25 partially sighted children at South Bristol School. Being maintained as boarders were one boy at the West of England School for the Partially Sighted, Exeter and one girl at Chorleywood College, Rickmansworth.

DEAF AND PARTIALLY HEARING CHILDREN

R. D. Williams

General

The appointment early in the year of Mr. J. Ashton to take much of the responsibility for the work outside Elmfield meant that far greater support and help was available for these children, their staffs and parents. During the year evening classes were held at the Institute for the Deaf in basic subjects and theory leading to certificates in varying apprenticeships. In the latter we were greatly helped by the staffs of the Colleges of Technology.

Elmfield School for the Deaf

A surprise decision by the D.E.S. to allow replacement of 19th century buildings housing special schools was made early in the year. Unfortunately, our present building is not only elderly, but too small for present demand. Thus far, the D.E.S. have not agreed to our appeal for an eighty-place school, despite a lengthening waiting list. Young children now have to wait up to two years to obtain a place at a critical learning period in their lives.

An in-service course for experienced teachers wishing to become teachers of the deaf commenced here in September. Three were seconded for an eighteen-month period.

A group of senior boys went on an Adventure Course at Drake's Island in May. They sailed, climbed, hiked and canoed—and it rained every day. The rest of the seniors spent a week based on Dawlish from where they visited a glassworks, a farm, a textile mill and a fishing port and market, as well as places of historical interest.

The Brownies went on a Whitsun Camp and other class visits were arranged.

Miss Western Australia plus chaperon visited us in April. On her return home she is to train as a teacher of the deaf.

One of our boys became the National Deaf Schools' Swimming Champion and a younger boy gained a place in the Gloucestershire County Junior team. The former has a good chance of gaining membership of the British Deaf team in the Deaf Olympics at Malmo in 1973.

A number of children have attended the Link Courses in various subjects at Technical Colleges in and around Bristol.

Partially Hearing Units

Two additional units were planned and agreed on during the year. They are to be built at Petherton Infants and Tyning Junior Schools. We shall then have, with Hengrove, the whole age-range on one campus and raise the number of P.H.U.s in total to eight.

The earlier 'bulge' of infants has now reached our Junior P.H.U.s, causing them to be over-size. In addition, we find a constant trickle of children with hearing losses moving with their families into the city.

It is encouraging that the first few children to have gone through our P.H.U.s from infant to secondary stage are now gaining C.S.E.s and 'O' levels.

Staffing remained fairly stable during the year and each unit engaged in a great many activities, both in and out of school.

We are particularly fortunate in Bristol that the Heads and staffs of the schools in which we have units are so understanding and helpful. Handicapped children introduced into a school or classroom may cause unrest and if, like ours, they have a communication problem, they require more attention. That the parent schools are not content merely to contain them, but are ambitious for them, is an attitude which one cannot praise too highly.

Peripatetic Service and Clinic

For some time we have felt the need for a person who is competent in education and social work, and can work in close conjunction with the families and schools of our children, particularly where there are emotional problems together with the difficulty of communication. To fill this need, one of our peripatetic staff was seconded to an Advanced Social Studies Course in September. It is hoped that this will assist in alleviating some problems and bring about closer relationships and understanding.

A shortage of staff made itself felt and numbers had to be reduced slightly. It may not be generally realised what achievements are made by the team at the Hearing and Speech Centre; but without their hard and successful work the effectiveness of the whole service we offer would be halved.

Residential Schools for the Deaf

In addition to the children at Elmfield, deaf children were being maintained at the following residential schools:

	Boys	*Girls*	*Total*
Burwood Park School, Walton-on-Thames	1	—	1
Larchmoor School, Stoke Poges, Bucks.	—	1	1
Mary Hare Grammar School, Newbury	—	1	1
Royal School for the Deaf, Exeter	4	—	4
	5	2	7

EDUCATIONALLY SUB-NORMAL CHILDREN—DAY SPECIAL SCHOOLS

Henbury Manor School

Miss J. K. Davis-Morgan

The numbers on the roll have remained unchanged. Categories admitted have again favoured the maladjusted, multiple-handicapped and near S.S.N. child. Lack of places for the latter still remain our major problem, until such time as additional accommodation is arranged.

Extra speech therapy sessions have been arranged and a cloakroom adapted for this purpose.

Florence Brown School

J. N. Tolley

The report last year laid stress on two aspects of the school's work. Mention was made of attempts to ease the waiting list problem, and attention was drawn to the plight of school leavers faced with decreasing employment opportunities, and having in future to compete for these opportunities against more able children. Yet further efforts are being made, or have been made, to deal with these difficulties.

In October we were able to take over the former Nursery School building on site, and as a result increase our Assessment Unit provision to 25 children. The building is old and dilapidated, but the staff concerned have made it into a delightfully warm and cosy place for our seriously handicapped tiny tots, who will tell you with great determination that it is "their" school!

Moving the Assessment Unit out of the main building released a room which at the end of the year was being prepared for the establishment of a small group of seriously maladjusted children of junior age. Increasing numbers of these children present us with a problem, the answer to which we seek to find. What we do know is that, put into existing groups in the school, these children often succeed only in disturbing others, with little positive benefit to themselves. This new Remedial Unit should provide a unique opportunity for a quite unconventional approach to an increasing problem.

For our leavers we plan to have by September 1973 a leavers' unit and workshop training centre centrally situated in the city. This must offer adequate preparation during the child's final school year for the move to employment, with provision for extending the workshop training beyond the statutory leaving date, for those who fail to secure work immediately or who break down early in employment. 1972 has seen the gradual development of contacts with industry and the acquisition of suitable work to do in the training workshop. Towards the end of the year our long standing search for suitable premises in the central area looked like reaching a successful end.

The year has certainly been one of preparation and adaptation to try to meet the constantly varying needs of those we serve.

Kingsweston School

Miss I. M. Bond

In a previous report I gave details of the provisions in Kingsweston School for special education in the north of the city for senior girls and boys who cannot be accommodated in special classes. 1972 saw an increase of places here with the addition of another classroom and extra teaching and auxiliary staff. In the autumn term another class was formed to provide for the increasing number of school leavers. A school club has been formed and a start made on the Duke of Edinburgh Award Scheme. The new Field Study Centre in the Forest of Dean adds to the facilities already offered at school camps.

School Medical Officers Dr. B. Walley and Dr. J. P. W. Paget attend on alternate weeks for medical inspections and in an advisory capacity, meeting staff and pupils as the need arises. Dr. Tulloch and Dr. Kayc visit regularly to ensure that everything possible is done to alleviate problems due to hearing loss. The psychologists form an integral part of the team, testing and counselling. Fortunately, too, we have the benefit of a speech therapist once a week and a school nurse visiting twice weekly. Close links are always kept with clinics around the city visited by the pupils, and with various welfare officers and social agencies. This continues with the new Social Services Department and in the extended School Welfare Department.

School Dental Officers visit the school regularly and maintain an invaluable treatment service, our two agencies co-operating in encouraging even the most persistent offenders to accept treatment for their teeth. We have, too, at lunch, a special table for girls and boys needing particular diets.

A member of our school staff is able to assist in counteracting performance and perceptual difficulties, also there is increased instruction in swimming for our girls and boys. Total on roll in the school has reached 107, 44 girls and 63 boys. Two boys were able to return to ordinary school this year.

Highwood School — Mrs. L. A. Everett

Development within the school premises has created greater opportunity and improved teaching situations. We now have an art unit complete with kiln, hot and cold water and display shelves; also a woodwork room with a new selection of tools. Gardening and cycle sheds have given opportunity to expand the gardening and cycling activities. Football posts have been made in the woodwork section and our ground marked to specification for special schools, enabling us to play matches on our own ground. Plans have been drawn for the building of two classrooms with link corridor, and facilities for washing and toilets. We are anticipating immediate extension to the playground and the installation of fixed climbing equipment.

The availability of the school coach service has given the opportunity to visit the Train Museum at Swindon, Parkway Station, Lulsgate Airport, Rolls Royce and the Forest of Dean. Links have been made with comprehensive schools and one primary school, resulting in exchange visits with the primary school.

Paintings entered in the Bristol City Caribbean Fiesta Art Competition won two awards. Our first exhibition of art and pottery was displayed at the Hannah More Centre from 20th November to 16th December. Several swimming awards have been gained, including one Bronze Medal.

As a result of circulars on road safety two visits from officers of the Police Road Safety Division have been successfully arranged. Also, circulars on courses have encouraged staff to attend evening, in-service, non-resident and residential courses.

Our first Open Day on 7th June, during Mental Handicap Week, was extremely successful.

We have received the services of medical staff from the Hearing and Speech Clinic and thirty-three children have been screened. We now receive regular visits each week from a Speech Therapist. Seven children from Stoke Park Hospital are to attend daily commencing early next year.

New Fosseway School — Miss M. J. McNaught

New Fosseway School began the year with 175 children on the roll and ended with 177, and our overriding concern has been to find places. We have again managed to accommodate children at 5 years of age and a small number of children, though not all, referred from other schools. What has emerged quite clearly is the need for another school for E.S.N.(S) children on the north side of the city.

I think that the outstanding development of the year was the provision of a new two-classroomed unit for emotionally disturbed children in the school. A survey carried out over the year by the School Medical Officer and Educational Psychologist showed that some 10% of our children presented some degree of maladjustment. We have been mainly concerned, however, to provide appropriate Special Educational treatment for those children within the school who are so disturbed that their needs cannot be met within the classroom catering for 15 children. We expect the installation of the unit this term and an experienced teacher has already taken up her appointment. It is envisaged that the teaching staff will work within a team providing psychological, medical and social work expertise, and that parents will be closely involved at all stages.

The practical benefit of such a unit will be reflected throughout the school. The classrooms can be relieved of the disruptive influence of the disturbed child; but, more significant, in terms of progress, is this practical recognition of the need of severely subnormal children for therapy within the educational system and in the school setting. It has taken professional workers and responsible bodies so long to recognise that the mentally handicapped are probably more prone to social and emotional maladjustment, not only because their learning problems are different from others, but, because of parental as well as society's attitudes, and they must, therefore, be considered as a particularly vulnerable group.

Another important development of the year was the change in the transport arrangements for children who had previously shared transport with adults attending the Bush Training Centre. From September 1972, the 176 children attending the school share coaches with children of the Florence Brown and South Bristol Schools. This further practical demonstration of the mentally handicapped child's integration with the Special School system has been, we feel, a most progressive step.

Special Classes for E.S.N. Children in Ordinary Schools

During 1972 16 special classes for educationally sub-normal children were opened, 1 in primary school and 15 in secondary schools. By the end of the year there were 161 classes altogether, 68 in primary and 93 in secondary schools.

Other day provision for E.S.N. Children

During the year the Committee continued their responsibility for Bristol children at the following schools:

2 boys and 1 girl attending Warmley School, Warmley.

2 boys and 1 girl attending Stokesbrook School, Filton,

and 1 girl attending Ravenswood School, Nailsea.

Residential School Provision for E.S.N. Children

The Authority continued to maintain two residential schools in Somerset for senior E.S.N. children and at the end of December numbers on roll were:

Kingsdon Manor School, Somerton — 59 boys (including 10 from other Authorities)
(Head: Mr. J. C. Cummings)

Croydon Hall, Minehead — 36 girls (including 6 from other Authorities)
(Head: Mrs. J. E. Ireson)

Numbers are declining at the latter school as its closure is expected soon.

Other Residential Special Schools

At the end of 1972 the following children were being maintained at other residential schools for educationally sub-normal children:

	Boys	*Girls*	*Total*
All Souls' School, Hillingdon	—	1	1
Amberley Ridge School, Nr. Stroud	1	—	1
Besford Court R.C. School, Worcs.	5	—	5
Pitt House School, Torquay, Devon	2	—	2
Westhaven School, Weston-super-Mare	2	—	2
	10	1	11

In addition one boy was attending a further education course at Turners Court, Benson, Oxford.

E.S.N. School Leavers, 1972

	Boys	*Girls*	*Total*
Referred to Department of Social Services	18	11	29
Referred to special school welfare officer for after-care	7	1	8
Referred to Probation Service	1	—	1
	26	12	38

MALADJUSTED CHILDREN

At the end of the year 112 maladjusted children were being maintained in residential schools and hostels as listed below. The previous year's total was 93. In addition 16 boys and 4 girls attended as day pupils at the Woodstock School, Kingswood.

	Boys	*Girls*	*Total*
Barwick House School, Yeovil	4	—	4
Berrow Wood School, Nr. Staunton, Worcs.	4	—	4
Bicknell School, Bournemouth	2	—	2
Brandon House, Cheltenham, Glos.	1	—	1
Bredon School, Pull Court, Bushley, Tewkesbury	3	—	3
Caldwell Hall, Burton-on-Trent, Staffs.	2	—	2
Cam House, Dursley, Glos.	11	—	11
Chelfham Mill School, Barnstaple, Devon	7	—	7
Childscourt School, Nr. Wincanton, Somerset	1	2	3
Clouds House School, East Knoyle, Shaftesbury	1	—	1
Collegiate School, Winterbourne, Glos.	—	1	1
Colston's School, Bristol	1	—	1
Cotswold Chine Home School, Box, Nr. Stroud, Glos.	—	1	1
Dawlish College, Kenton, Nr. Exeter, Devon	2	—	2
Dennington College, Swimbridge, Barnstaple	3	—	3
Devonport House, Buckfastleigh, Devon	2	—	2
Divine Mercy College, Henley-on-Thames, Oxon.	2	—	2
Falcon Manor School, Towcester, Northants.	4	3	7
Grangewood Hall, Wimborne, Dorset	2	—	2
Heathercombe Brake, Manaton, Devon	3	2	5
Holbrook Manor School, Hereford	1	—	1
Jolliffes School, Shaftesbury, Dorset	1	—	1
Lupton House School, Churston Ferrers, Nr. Brixham, Devon	2	—	2
Marchant Holliday School, Templecombe, Somerset	3	—	3
Marland School, Torrington, Devon	4	—	4
Millfields School, Street, Somerset	1	—	1
New Barns School, Toddington, Glos.	2	—	2
Port Regis, Residential School for Delicate Children, Kingsgate, Broadstairs, Kent	2	—	2
Q.E.H., Clifton, Bristol	1	—	1
Red Maids School, Westbury, Bristol	—	4	4
St. Francis School for Boys, Hook Beaminster, Dorset	2	—	2
Sibford School, Sibford Ferris, Banbury, Oxon.	—	1	1
Sompting Abbotts, Lancing, Sussex	1	—	1
Shotton Hall School, Shropshire	3	—	3
Stanbridge Earls School, Romsey, Hants.	1	—	1
Stinsford School, Dorchester, Dorset	1	—	1
Sutcliffe School, Winsley, Wilts.	3	—	3
The Friends School, Saffron Walden, Essex	—	1	1
The Gables Hostel, Willand, Nr. Cullompton, Devon (attends local school from there)	—	1	1
The Hatch, Thornbury, Glos.	1	—	1
The Mount School, Chepstow, Monmouth	3	—	3
The Mount School, York	—	1	1
Ward House School, Bere Alston, Yelverton, Devon	1	—	1
Wells Cathedral School, Wells	3	—	3
Wessington School, Woolhope, Herefordshire	2	—	2
Whitestone Head School, Holsworthy, Devon	2	—	2
	95	17	112

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN—DAY SPECIAL SCHOOL

South Bristol School

C. Williams

This was a year when we really began to settle-in to the new school. There was the official opening in May, ably performed by Councillor J. B. Sprackling; but a small number of irritating building and

equipment items were outstanding at the end of December. Other serious difficulties due to heating plant failure, both mechanical and caused by "industrial action"—to use an acceptable euphemism—were overcome by above-average aid from Bristol's Technical Assistants.

Through their special endeavours, too, the swimming and hydrotherapy pool came into use and was nursed through its teething troubles. Physiotherapy and recreational swimming are more popular than ever with the children, and much progress has been made, We are pleased that Florence Brown School pupils can share our facilities.

Important staffing advances were made; a nursery class has been established, commercial subjects have been introduced, and an external examination group has been formed. There have also been improvements in physiotherapy provision and nursing assistance.

As sufferers from spina bifida are a numerically important group here, and because of the special nature of the complaint, we are glad that a closer working relationship has grown between ourselves and the Spina Bifida Unit at Frenchay Hospital. Many of our people have been out to Frenchay, and we have welcomed several of their staff here.

Much outside specialist assistance is given to us and the acknowledgement list would be too long to record here, so our thanks must be general but no less sincere. We are particularly grateful that the ophthalmic surgeon, Mr. P. Jardine, holds many clinics at school. Orthopaedic colleagues would be equally welcome.

1972 has been a year when, nationally, extra attention has been focused on the needs of the handicapped school leaver. Her Majesty's Inspectors of Schools and others have visited to discuss and assist this part of our work. The Head Teacher has also been out to establish or renew links at three further education colleges for the handicapped. He also attended the Department of Education's course on the visually handicapped.

A Pupils' Council has been formed and this is a useful addition to our usual activities, meeting weekly for informal discussion.

Army pilots, past and present, once again exercised their ingenuity—Father Christmas has visited our pupils in all sorts of interesting conveyances and last year's helicopter gave way to a vintage fire-engine. As well as gifts for the children he brought a supplementary heater for the mobile classroom provided by Army Aviation last year.

Home Tuition

The two full-time staff were teaching about fifteen home-bound children in an average week. As has been the pattern in recent years, many children had been excluded from school because of behaviour difficulties. Others, however, were confined to home with serious, sometimes incurable, physical disorders. Our mobile classroom demonstrated its worth, particularly for some pupils.

Hospital Teaching

Our seven teachers, three full-time, and others providing the equivalent of two more, continued to visit child patients in three hospitals.

A typical roll would be as follows:

Bristol Royal Infirmary	8
Royal Hospital for Sick Children	30
Southmead Hospital	12

Delicate and Physically Handicapped Children—Residential Schools

The Authority continued to maintain Periton Mead School at Minehead (Head: Mr F. C. Wilkinson) officially for delicate children (but in more realistic terms for those who are deprived and emotionally disturbed). At the close of the year there were on roll 66 children aged 5 to 16 years with equal numbers of boys and girls.

Delicate and Physically Handicapped Children at Other Residential Schools

The following children were maintained at residential schools for the physically handicapped:

	Boys	*Girls*	*Total*
Craig-Y-Parc School, Pentyrch, Cardiff	—	2	2
Florence Treloar School, Alton, Hants.	—	1	1
St. Rose's School, Stroud	—	2	2
Trueloves School, Ingatestone, Essex	1	—	1
Thomas Delarue, Tonbridge, Kent	—	1	1
	1	6	7

Under further education arrangements one boy and one girl were undergoing training at St. Loyes College, Exeter; two boys were admitted to this college and left again during the year.

Delicate

During the year one severely asthmatic boy was placed at Queens College, Taunton; two boys and one girl were in attendance at Mounton House School, Chepstow.

Epileptic Children

In addition to the 37 epileptic children (29 boys and 8 girls) for whom special educational treatment was provided at our own day schools, three boys and one girl were being maintained at the end of the year at the Lingfield Hospital School for Epileptic Children, Surrey.

Children with Speech Defects

At the end of the year, ten children were in the special class for children with delayed speech at St. James' and St. Agnes' Nursery School and six in the unit at Easton Road School.

Children with Multiple Handicaps

In December 1972, 12 children with multiple handicaps were maintained at St. Christopher's School, an independent school in Bristol for children in need of special care, 2 boys and 1 girl as boarders and 5 girls and 4 boys as day pupils. In addition, 1 boy and 2 girls were attending under further education arrangements. Three girls were in attendance at Springfield School, Bristol which was accepted by the Department of Education and Science as a special school during the year.

THE CEREBRAL PALSY CLINIC AND CLAREMONT SCHOOL

E. E. Warr

The Cerebral Palsy Clinic continues to be held weekly at the Children's Hospital. In the clinic a multi-disciplinary team attempts to provide diagnostic, assessment and therapeutic services for children with various forms of cerebral palsy, selecting those children who require special education at Claremont School and supervising the care of these who remain in normal schools. Children have always been referred to the clinic from a wide area and, if anything, more families seem to attend from the surrounding counties than previously.

The physiotherapists and occupational therapists at the hospital provide out-patient therapy for the children from the time their difficulties are diagnosed until they are placed in special settings.

The facilities of the Van Neste nursery unit attached to Claremont School are used to provide more intensive assessment and treatment of many of the children referred to the clinic. Attempts are made to place suitable children in the nursery from the age of three years, returning children to more normal settings where possible before the age of five. About two-thirds of the children attending the unit do so on a part-time basis, two or three days a week. Currently, rather more children who will require special education are attending the nursery unit than the main school will be able to absorb. The provision of a nursery unit at South Bristol School will ease this difficulty. A small number of severely multiply handicapped children are proving difficult to place after their assessment period.

In the last year Dr. W. Schutt has been appointed Consultant Neuro-Paediatrician. He continues to head the assessment team and has been joined by a registrar, Dr. J. McCarthy. They both also attend the Spina Bifida Unit, South Bristol School and a number of other centres dealing with children with long term difficulties. A Handicap Assessment Centre is due to be opened at the Homoeopathic Hospital within the next year. This should provide a co-ordinating centre for the care of children with long-term difficulties and speed the process of assessment of those displaying developmental delay.

HEALTH EDUCATION

P. Mackintosh

Half-day in-service training sessions for Health Education Co-ordinators in secondary schools — now also extended to heads of science, home economics, P.E., R.E. and humanities departments — continued each term at Hannah More Centre and the subjects covered were *Recent Advances in the Drug Scene; Sex Education*

and Sexually Transmitted Diseases. Approximately 50 teachers, from an average of 17 schools, attended each time.

A new development was the setting up of a working party of five Health Education Co-ordinators who met Mrs. M. Dalloway (Education) and Miss S. Mountford (Health) between January and April to plan an outline programme of health education topics aimed at ROSLA curriculum development. When this (*The Triad of Health Education*) was produced in May, and distributed to the rest of the Co-ordinators, it was considered to be suitable for use at all stages and it has been made available to schools. One Teacher Training College in the city has also requested copies. The same group met later in the year to consider a proposed questionnaire, prepared by one of its members, which has now been sent to maintained, voluntary and some independent schools, in order to provide the working party with accurate information on what is happening in the field of sex education in Bristol schools. The results of the questionnaire, which is linked to a punch card system, will not be available until the Summer of 1973.

In June 1972 approximately 500 sixth-formers attended a conference at the Council House on the subjects of *Smoking, Drugs and Venereal Diseases* entitled "La Dolce Vita" and sponsored by the Royal Society of Health. Questionnaires prepared by us were distributed in order to assess the value of the conference and to obtain the young people's opinion of how and when information on these three topics should be given. Amongst many other conclusions which would be drawn from the 287 questionnaires analysed, V.D. was the subject of most interest and value to both boys and girls and the most useful way of giving information was thought to be at their own school to a smaller group, by outside speakers in the absence of staff.

Home economics units are now being set up in junior schools, and a series of meetings for teachers was well attended at Brunel Technical College on Wednesday evenings in September and October on the subject *Home Economics in the Junior School.* Miss G. Burman (Assistant Nutritionist) and Miss Mountford contributed on the subjects of *Nutrition* and *Hygiene and Food Handling.*

The Department's two-monthly newsheet *Health in Bristol* was requested by more teachers for use in schools. Sixty teachers in maintained schools and 5 tutors at the Technical College now receive regular copies.

INFECTIOUS DISEASES IN CHILDREN

A. J. Rowland

The incidence of notified infectious disease in children aged between five and fourteen years has remained closely similar to that in 1971. Measles and rubella notifications were slightly more numerous, but whooping cough notifications were very few, following the unusual increase in this disease in 1971.

The table below shows notifications of specified infectious disease in children aged 5 to 14 in recent years, and expresses them as percentages of the relevant notifications in all age groups.

Infectious disease notifications in children aged 5–14 years
Bristol County Borough 1970–1972

	1972		*1971*		*1970*	
	No.	*%**	*No.*	*%**	*No.*	*%**
Measles	737	53	560	56	536	39
Rubella	994	55	695	55	185	43
Infective Jaundice	34	32	47	37	356	51
Dysentery	29	22	24	29	64	33
Scarlet Fever	60	64	57	58	47	54
Whooping Cough	6	27	132	45	17	44
Food Poisoning	6	7	167	35	9	10
Tuberculosis †(pulmonary)	2	3	8	9	4	5

* Percentage of total notifications in the year.
† Excluding inward transfers.

Tuberculosis

This has been a happier year than 1971, with only two notifications of tuberculosis in children under 15 years of age. There was a third notification in a 16 year old which is not shown in the above tabulation. He was a recent arrival from Persia.

In both the younger children the source of infection was found in the home contacts.

Protection against Tuberculosis

Routine tuberculin testing of schoolchildren in secondary schools continued during the year. Owing to a change-over of the medical staff concerned, there was some delay in parts of the programme, so that fewer children were tested by comparison with 1971. However, good progress has since been made in restoring the situation. Of the 4,672 children who were tested and whose tests were subsequently read, 372 gave positive results in the absence of any history of previous B.C.G. vaccination. This gives a natural conversion rate of 7.1% closely similar to the rate of 6.8% in the previous year. Details of the year's activities are given below:

Number Heaf tested:	5,007
Number defaulting reading:	335
Number tested and read:	4,672
Number found negative	3,763 (4 refused BCG)
Number vaccinated:	4,019 (inc. 260 pos 1)
Number with previous history of B.C.G.	
Found positive to Heaf test and not vaccinated	514
Found negative to skin test and re-vaccinated	78
Found positive 1 and re-vaccinated	23
Number found positive with no history of B.C.G. (natural converts)	372
Natural conversion rate	7.1%
Acceptance rates: L.E.A. Schools 83% Independent 85%	

The acceptance rates shown above are excellent and the continued use of B.C.G. in our young people, together with the sustained efforts at the detection of sources of infection and careful examination of contacts will hopefully result in the steady reduction of the reservoir of infection in the community.

MEDICAL EXAMINATION OF TEACHERS

During 1972, 209 intending teachers were medically examined in Bristol prior to appointment with the Local Education Authority; in addition 129 were examined by other Authorities for employment in Bristol, while 19 teachers were examined for other Authorities at their request. The number of young persons examined in connection with admission to teacher training colleges was 580 and 6 entrants to colleges were examined for other Authorities. From September a questionnaire system was introduced on the health of teachers and during the final quarter of the year 36 teachers completed these, 20 subsequently being given appointments for up-to-date chest x-rays.

Chest X-rays

In addition, under the normal arrangements, appointments for chest x-ray examinations were offered to 1,274 teachers during the year and 613 accepted (48%). Of those recalled for larger films to be taken, it was considered desirable in 11 cases to notify their general practitioners of the findings, which concerned mostly minor cardio-vascular or lung conditions.

MEDICAL INSPECTIONS IN SCHOOL

A complete periodic medical inspection was made of 10,893 children attending the Authority's schools. All children are medically inspected during their first year in the infants' school and older children on entering a maintained school for the first time. A periodic medical inspection is also made of all children at the age of 14. In addition, 6,446 children were re-examined in primary, secondary or special schools and 921 specially examined at the request of school nurse, teacher, parent or others. In nursery schools and classes, all children were examined on entry, and 663 re-examinations took place. The total number of inspections in schools was 18,923.

Co-operation of Parents

The number of parents present at periodic medical inspections during the year was as follows:

Age group inspected (by year of birth)	*No. examined*	*Parents present*	*Per cent*
1968 (and later)	1,091	1,053	96.5
1967	1,437	1,232	85.7
1966	3,995	3,457	86.5
1965	461	349	75.7
1964	187	130	69.5
1963	162	122	75.3
1962	139	97	69.8
1961	288	180	62.5
1960	210	127	60.5
1959	181	88	48.6
1958	230	110	47.8
1957 (and earlier)	2,512	741	29.5

Infestation

The following table shows the number of children found to be infested each year since 1961:

	No.	*School Population*	*Per cent*
1961	748	65,853	1.13
1962	672	65,242	1.03
1963	606	65,671	0.92
1964	691	66,374	1.04
1965	717	66,710	1.07
1966	714	66,132	1.08
1967	639	65,999	0.97
1968	609	67,149	0.91
1969	576	67,787	0.85
1970	569	68,474	0.83
1971	744	70,184	1.06
1972	987	71,709	1.38

MILK AND MEALS IN SCHOOLS

J. A. Battersby

The number of pupils taking milk on a day in October 1972 was 15,900, representing 96% of infant and special school pupils in attendance. In addition, 656 junior pupils received milk on medical grounds.

7,810,533 meals were served, representing 66% of pupils present in primary schools and 45% in senior schools. In all 58.2% of pupils present took a meal, an increase on the previous year's figures. 8,277 pupils received free meals.

The Secretary of State for Education and Science set up a committee to review the aims and organisation of the school meals service and issued a questionnaire to all authorities seeking information and independent comments. A comprehensive return was made. We now await publication of the findings and recommendations of the committee.

The provision of cafeteria service with choice of food has become the accepted pattern in most senior schools and proves popular with teachers and pupils. The choice offered also provides suitable foods for certain immigrant pupils and those needing diets for obesity. In co-operation with the Authority's Nutritionist, arrangements have been made in certain primary schools for suitable meals to be served to groups of pupils needing a low calorie diet. Special diets continue to be provided for certified medical reasons.

Food costs rose abnormally through the year. It became necessary to make changes in the basic pattern of food provided, but the quantity of food and nutritional standard of the meal have been maintained.

Training of supervisors, assistant cooks and service supervisors continued. A series of one-week courses for supervisory assistants in primary schools has been developed. The staff received instruction on the social and nutritional purposes of the school meal. Miss S. Bingham and a number of Head Teachers have given valuable talks on group control and allied subjects.

All trainees receive instruction in first aid and in food and personal hygiene and the training schemes profit from the assistance received from Mr. Turner and Mr. Barnett and his team.

MILK, FOOD AND HYGIENE IN SCHOOLS

T. K. Aston

Milk

The quality of milk supplied was carefully monitored, and samples taken from processing dairies concerned in supplying schools all passed the statutory tests applied to them. The dairies were inspected regularly and careful attention was paid to the cleanliness of milk vessels and appliances. I am pleased to report that no complaints regarding school milk or school milk bottles were received during the year.

Food

Close liaison was maintained between the kitchen supervisory staff, the schools meals section and the inspectorate during 1972. There were many occasions when the Inspector's advice was sought informally, usually regarding the fitness, or otherwise, of a particular food. One especially is worthy of mention.

A message was received that a secondary school kitchen had taken delivery of a 40 lb. block of New Zealand cheese which smelt and tasted "off". Upon inspection it was found to smell very unpleasant with a distinct odour of hydrogen sulphide. The cheese was submitted for chemical analysis and the Analyst reported:

A test on the cheese proved that hydrogen sulphide was being evolved from it which was regarded as unusual. After enquiries it was found that in modern cheese processing, especially that involving vacuum packed cheeses, certain organisms, notably streptococcus faecalis, are not totally destroyed. During subsequent storage, particularly about 65°F, these bacteria will attack the cystine present, releasing hydrogen sulphide. A sample of the same cheese was examined bacteriologically by the Public Health Laboratory but with no adverse report.

There were 12 occasions when complaints were made formally to this Department. They mostly concerned foreign objects in food. Although at first a few of these appeared quite serious, after investigation it was found that there was not sufficient evidence for proceeding. On one occasion when glass was alleged to have been found in cheese, the Inspector discovered that a window had recently been broken in the kitchen, which, although not conclusive, prevented legal action. Warning letters were sent to the suppliers involved in the other incidents.

Hygiene

Inspections under the Food Hygiene (General) Regulations 1970 were made at each of the 129 school kitchens. These inspections were carried out at least twice at each kitchen during the year. The high standard of hygiene expected was maintained and only 17 informal letters to the Chief Education Officer were necessary. No serious defects were reported and the 17 items concerned were of a minor nature.

In all, 398 visits were made to school kitchens in 1972, a slight increase over 1971.

School Swimming Baths

Regular visits were made to the swimming baths at schools and samples of the baths' water were submitted for both chemical and bacteriological examination. No adverse reports were received from the bacteriological laboratory; but it was necessary on several occasions to re-sample where the adjustment of the pH factor or free chlorine level was recommended. Subsequent samples were satisfactory.

NUTRITION

G. D. Burman

Emphasis has been placed on the Nutritionist's role as an educator—regarding health department personnel, parents, teachers and children.

Primary School

In March 1972 the assistant nutritionist was invited to speak at the Chief Inspector of Schools' general meetings for primary school heads. Attention was focused on the excess carbohydrate food consumed by children, causing concern regarding obesity and dental caries. A nutrition exhibition was staged, including work from primary and secondary schools. The selling of sweets, chocolate and biscuits in school tuckshops was discouraged and apples and cheese served to head teachers with morning coffee.

During the year the initial theme has been developed. The assistant nutritionist has:

1. participated in Education Department courses for primary school teachers responsible for home economics or taking children to camp;
2. organised a pilot study nutrition course for teachers of one primary school by invitation of the Headmistress;
3. addressed P.T.A. meetings as requested across the city.

A wholesale fruit firm has been found willing to maintain an apple supply to schools and 50 primary schools now sell only apples and cheese. The follow-up continues and gradually more schools are joining the scheme.

A source centre for nutrition information and a selection of audio/audio visual aids is being developed within the health education section and made available to health department staff and teachers concerned with nutrition education. A source list of visual/audio visual aids on food was prepared and issued to primary schools, as part of the health education programme, in March.

Secondary School

Once termly diet counselling has been continued and time given both to group teaching and individual guidance to parents and children.

The health visitors and school staff nurses are extending this service. During the year 751 obese children were under their surveillance, and 246 new referrals and 586 follow-ups attended the nutritionist clinics.

ORTHOPAEDIC AND POSTURAL DEFECTS

During 1972, 13 sessions were held at the Central Health Clinic by the Orthopaedic Surgeon, Mr. D. M. Jones, as compared with 14 in 1971. A summary of attendances is given below, together with the previous year's figures for comparison.

ORTHOPAEDIC INSPECTION CLINIC ATTENDANCES

	School Children			*Pre-School Children*		
	First	*Others*	*Total*	*First*	*Others*	*Total*
1972	125	53	178	67	20	87
1971	103	92	195	55	30	85

PHYSIOTHERAPY

Central Health Clinic

Two sessions a week were quite adequate for the number of children requiring treatment at this clinic during 1972, but the department remained staffed for afternoon appointments whenever necessary.

As in previous years the treatments required have been mainly short wave diathermy for upper respiratory conditions, postural drainage, breathing and postural exercises for other respiratory conditions. Fewer children were referred for ultra violet light treatment.

The orthopaedic clinics continued to be held each month, a total of 178 children attending.

Physiotherapy treatment sessions were also held at some peripheral clinics:

Lawrence Weston Clinic

Two sessions were available for ultra violet light treatments, a few children with respiratory conditions also being seen.

Stockwood Health Centre

Two treatment sessions were held each week. A further half session was necessary during November for the treatment of respiratory conditions.

St. George Health Centre

Fewer children were referred during 1972. One full session was available for treatment, but further appointments were made at the Central Clinic.

William Budd Health Centre

There has been a marked increase in the number of children treated at this centre. It was felt that if room was available there were sufficient referrals for two full treatment sessions.

Mary Hennessy and Amelia Nutt Clinics

A few children continued to be treated during 1972. These were mainly for respiratory conditions.

As in previous years other forms of physiotherapy treatment available at the above centres/clinics were

Infra red irradiation.
Galvanic and faradic treatment.

	CENTRAL CLINIC						*Lawrence Weston*		*St. George*		*Stockwood*		*William Budd*	
	Remedial Exercises etc.		*S.W.D.*		*U.V.L.*		*U.V.L.*							
Attendances	1st	Other	1st	Other	1st	Other	1st	Other	1st	Other	1st	Other	1st	Other
1970	57	545	66	539	11	69	33	231	—	—	—	—	—	—
1971	55	406	64	644	7	66	16	111	12	24	4	26	8	7
1972	45	272	56	474	4	23	7	135	4	11	11	136	32	82

SCHOOL ATTENDANCE

M. Watts

The school attendance return for 1972 shows an average attendance of 90.8%. Compared with 1971 this is a decrease of 0.3%.

The attendance in the three sections of schools as compared with 1971 is as follows:

Secondary Schools	90.3% — a decrease of 0.2%.
Primary Schools	91.1% — a decrease of 0.5%
Day Special Schools	88.1% — a decrease of 1.1%

The overall annual percentages of all schools are:

1962	*1963*	*1964*	*1965*	*1966*	*1967*	*1968*	*1969*	*1970*	*1971*	*1972*
90.6	89.4	90.6	90.5	89.3	90.9	90.5	90.9	90.8	91.1	90.8

Every effort has been made to maintain children in regular attendance at school throughout the year. 53 prosecutions were taken under section 1(2)(e) the Children and Young Presons Act 1969 for non-attendance at school and 29 prosecutions were taken under section 15 the Children and Young Persons Act 1969, following the making of supervision orders occasioned by non-attendance at school — 82 prosecutions in all.

In respect of these children the courts made 40 "supervision orders", 24 "care orders" c/o the Local Authority, 1 "attendance centre order", adjourned 8 cases "Sine Die", 2 were "withdrawn" as they were brought before the court for other offences by the police, and 7 stood adjourned awaiting final sentence at the end of the year.

In addition, the parents of 261 children were interviewed at this office in conjunction with the Social Services Department because of their children's irregular attendance at school and a final warning was administered.

SCHOOL NURSING SERVICE

Miss M. Marks Jones

The School Nursing Service continues to play its part in the overall care in the promotion of the health of the school child and in detecting any deviation likely to affect the child's development.

Help and support is being given to health visitors and school staff nurses by the Area Nursing Officers. Health visitors continue to make their own arrangements for visiting schools. More liaison on an informal basis is proving helpful to every one concerned.

More than half of the health visitors were working in attachment to general medical practitioners by the end of the year. This change has altered the pattern of their work and increased the work load. In addition, the health visitor is no longer associated with a compact geographical area related to particular schools. For these reasons she no longer has an intimate background knowledge of individual children and their families in any one school. In view of this an increasing amount of school work is being delegated to State Registered Nurses. In-service training is arranged for these nurses to prepare them adequately for this work.

When a State Registered Nurse is undertaking routine work there is also an associated health visitor who is responsible for visiting the family when necessary.

Many health visitors continue to participate in Health Education programmes in schools.

School Staff Nurses

Twenty-one school staff nurses continue to give a worthwhile service in the large comprehensive schools. Eight of the schools are given full-time coverage. Weekly returns of minor ailments, treatment and surveys of pupils' health show that much work is being done. A great deal of time is also spent in counselling (see appendix to this report as related by a school staff nurse).

The following table relates to the work of the health visitors and school staff nurses in 1972.

Nurses' Visits to Schools

	1971	*1972*
Number of individual examinations of pupils	84,032	96,101
Uncleanliness — first found this year	744	987
Uncleanliness — other	677	840
Number of homes visited	3,393	2,890

THE SCHOOL STAFF NURSE

The school year begins in September with a general upheaval—large numbers of new pupils and staff changes. New form lists have to be obtained and the school medical record cards sorted and re-organised.

The first year entry always presents many new problems and it is helpful to study the records from the Junior School. Some pupils have great difficulties in making the change from Junior to Secondary School and there are often several cases of school phobia. These pupils need great support and help from parents, teaching staff and school staff nurse.

MINOR AILMENTS AND INJURIES form the basis of the morning's work. Pupils come and go bringing notes from members of the staff or appointment slips given to them by the nurse. There are innumerable coughs, colds, sore throats, rashes, cuts, burns, toothache and earache, interspersed occasionally with a more serious injury. Head, ankle and wrist injuries are all quite frequent. Pupils sometimes arrive at school having been told by mum "to see the nurse". Some are not well enough to remain at school and others become ill or feel unwell during the day. These pupils are cared for at school and sometimes arrangements have to be made to send them home.

HEALTH SURVEYS. A start is made as soon as possible on first year health surveys. The general condition of each pupil is noted, height and weight recorded, vision assessed, hands and feet examined and hair and teeth inspected. This provides an excellent opportunity for establishing a good relationship with the pupils, and helps them to discuss any worries or health problems they may have.

SCHOOL MEDICAL INSPECTIONS are arranged for all pupils during their final year at school. Others are referred to the doctor by the Head of the school or the nurse. The reasons are numerous and varied—nervous disturbances, frequent absenteeism, misbehaviour or lack of care and attention. Pupils who have chronic health problems, e.g. asthma, epilepsy, etc. or physical handicaps, may need special help in obtaining employment and the school doctor is able to assist in this. Letters are always sent to parents for their consent and inviting them to attend the examination.

IMMUNISATION—RUBELLA VACCINE is offered to girls between 12 and 13 years of age (2nd year girls). When the importance of this protection is explained to them the response is very good. Special letters and forms are sent to parents for their permission. B.C.G. is offered for prevention of T.B. to 3rd year pupils. Letters to explain the procedure and cards to be signed are sent to parents. Written consent must always be obtained.

YEARLY DENTAL INSPECTIONS are made at school and parents informed if their child requires treatment. Many choose the school dentist for this and the school encourages pupils to attend.

Health Education

This is a continuing process throughout school life. In science classes, home economics and child welfare, pupils are taught the essential elements for good health.

The school staff nurse is able to help in this programme by talking to groups of pupils and individuals on subjects such as personal hygiene, care of the hair, care of the hands and feet, teeth, smoking, drugs, good eating and a sensible diet. Films are also shown on these subjects.

Films on growing up are arranged for first year girls and a group discussion with the school staff nurse follows. This enables the girls to ask any questions. Parents are invited to see the films and talk to the school staff nurse afterwards.

Some girls join a Red Cross or St. John Ambulance course for first aid and home nursing. This is part of their silver and bronze Duke of Edinburgh awards. Groups of girls discuss and revise their first aid course with the school staff nurse. Safety and first aid revision is also arranged for girls attending school camps, camping weekends and taking part in long walks.

SEX EDUCATION AND BIRTH CONTROL—this varies a great deal from school to school and depends on the decision of the Head.

Sex education is dealt with in science and biology groups and occasionally in small group discussions with the school staff nurse. Talks on birth control are given by the nurse in some schools to 4th, 5th and 6th form pupils after obtaining consent of parents. Films are also used as part of sex education.

Smoking and health, drug taking and over population problems are also subjects for thought and discussions.

COUNSELLING. By allowing girls to make an appointment before school in the morning, those who have personal problems have an opportunity during the morning to return for a quiet talk with the school staff nurse. There are many social and home problems that affect the health and welfare of pupils—a chronically ill parent, large families, poor home conditions, money worries or death of mother or father.

Everyone needs a shoulder to cry on at times and the school staff nurse is able to help when young people are suffering from emotional stress.

Good liaison with the Head of the school and members of the teaching staff is essential. The advice of the Health Visitor is sought when home visits are thought to be necessary.

SPEECH THERAPY

Mrs. B. Saunders

The publication of the long awaited Report of the Committee of Enquiry into Speech Therapy Services (The Quirk Report) in October 1972, has been generally welcomed by the profession and, along with the re-organisation of both Local Government and the National Health Service, will have far-reaching effects on the present Local Authority Speech Therapy Service. It is already apparent that even greater demands will be made on existing services in those areas which will become the new County of Avon in 1974. A preliminary survey of these services had been undertaken and will be presented early in 1973.

At a personal level, may I thank the Committee for allowing me to serve as one of the five speech therapist members on the Committee of Enquiry mentioned above. This was set up in July 1969 by the then Secretary of State for Education and Science and completed its work in March 1972.

In September 1972, Mrs. J. Spencer attended a course at Priory College, Wallingford on the Paget Gorman Systematic Sign Language. Careful consideration is being given to the application of this sign language in selected cases where children fail to develop verbal communication.

All places in both Language Development Units have been filled throughout the year. There are 10 children in the nursery unit at St. James and St. Agnes Nursery School, and six in the primary unit at Easton Road School. In September Mrs. O. Jahans was appointed teacher at the latter. We are looking forward to September 1973 when the units will be moved to a new school, at present under construction, and where a treatment room will be available for the speech therapist.

Reference was made in the Report for 1971 to an intensive therapy project undertaken by two speech therapists with a small group of nine carefully selected children during the Autumn Term of 1971. The senior speech therapist made initial and follow-up assessments of these children. It was noted that all children showed some improvement after a course of thrice weekly treatment for a three-week period, and on the whole, this improvement was maintained on re-testing six weeks later. As such small numbers were involved it is impossible to come to any definite conclusion; but there does seem to be a place for intensive therapy in certain cases.

There have been some staff changes during the year. Two therapists left, one to enter the hospital service, the other to attend a one-year Education Course at a Teacher Training College. Fortunately both therapists were replaced almost immediately, and in addition we were granted an increase of one in our establishment from 1st April. This post was filled in September, and as a result we have now opened a clinic (two sessions weekly) at Fishponds Health Centre, and increased our coverage of some special schools. We have also maintained our link with the Bristol Children's Hospital, providing two weekly sessions. Notwithstanding, there are still delays before treatment can be offered owing to the ever-increasing demands on the service.

Figures of patients seen are given below:

Year	*School Children*				*Pre-School Children*				*Total*	
	Stammer		*Sp. defect*		*Stammer*		*Sp. defect*			
	1st	Other	1st	Other	1st	Other	1st	Other	1st	Other
1971	78	484	1,134	7,442	6	11	320	505	1,538	8,442
1972	89	596	1,182	9,333	11	19	293	694	1,575	10,642

YOUTH EMPLOYMENT SERVICE

B. M. Dyer

Although those who deal with the physically and mentally handicapped greeted 1972 with foreboding owing to the news of one million out of work, December ended with the lowest number of unemployed handicapped since 1970. The easing of the situation generally means that employers who have previously

been unwilling to consider this type of young person, even if they do not fulfil the quota requirements, are having to be more "co-operative".

Bristol sent more school leavers than ever for further education. There were at one stage eighteen young people in some form of special training, mainly at St. Loyes (nine); but we were pleased that our first girl entered Hereward College, Coventry in April.

The raising of the school leaving age should, during 1973 only, greatly help our slow-learners in Special Schools who, though not directly affected, should find less competition for vacancies that year.

MEDICAL EXAMINATIONS, BRUNEL TECHNICAL COLLEGE

A. B. Lavelle

Since 1970 I have attended Brunel Technical College, Ashley Down for one session per week during term time, initially for routine entrance medical examinations, which are identical to school leaving medicals; but gradually, an "advice" section has developed, which as a G.P. I find is interesting, and I hope helpful to students. Some of these are as young as 16, and others come from as far afield as the Middle East and Malaysia. For various reasons they find it difficult to find someone who is not part of the "system" with whom to discuss their problems.

A typical session is divided into 5–10 minute intervals, and the students make appointments à la G.P. surgeries by contacting the Student Union Secretary, who keeps a confidential diary. At the beginning of each academic year more formal lists are made to try and ensure that all new students have had a medical examination just prior to, or just after joining the College.

At the age of 16–19 obviously most physical problems have been picked up through previous school medical examinations, and the commonest defects I see are visual deficiencies, and the occasional mild skeletal abnormality such as flat feet, hallux valgus etc. In the last year two more unusual findings were a boy with an absent left testis following an injury four years previously, the resultant haematoma causing complete atrophy, and a boy with a mild left hemiplegia from a birth injury, who by virtue of never having seen a consultant for an opinion had developed an acute anxiety state after exposure to one term at College.

The "advice" section last year has produced much variety in skins (seborrhoeic dermatitis, premature balding—students hate this!—flea bites, scabies, etc.), minor psychiatry (anxiety states, depressions, and occasional schizoid personality), gastro-intestinal (colitis, and threadworms are fairly common), respiratory (varieties of asthma, hay fever allergies) and orthopaedic (flat feet etc., numerous sport injuries, including a recurrent dislocation of the patella).

Other examinations have included six for parachute jumping (surprisingly popular!), and a Heavy Goods Vehicle Examination for an enterprising young man who was investing £100 in driving lessons, and then hoping to double his money every vacation by driving a lorry up and down the country.

A number of girls were seen during the year for advice on contraception, a large proportion of whom felt they could not see their own G.P.'s at home as they would know their families too well.

HARTCLIFFE CHILD GUIDANCE TEAM SURVEY OF THE LEVEL OF MALADJUSTMENT IN A LARGE COMPREHENSIVE SCHOOL IN BRISTOL

M. J. Gay

A psychological and psychiatric survey of maladjusted behaviour was carried out on a random 1 in 5 sample of a comprehensive school which serves principally a large council estate.

Groups of stable and maladjusted children were selected, using the Bristol Social Adjustment Guide, standardised attainment tests and Rutter's Psychiatric Assessment Interview. Comparisons are made between these groups, and areas of disparity and overlap in the assessment of maladjusted behaviour by teachers and psychiatrists are discussed. In this large comprehensive school a high level of maladjustment was found (20.4%). Such a figure is not surprising in such a large, poor socio-economic area. Since the beginning of the growth of this estate the families have experienced a lack of kinship and social support, taxing the available professional resources of the community.

This study indicates that the teaching staff are having to contain and attempt to deal constructively with high levels of disturbance, resulting from serious understimulation and deprivation.

This can only be redressed by the provision of more intense educational and social resources in areas where the need is greatest. This help can take the form of adequate planned parenthood, nursery provision, early nursery school entrance, smaller classes and the identification and correction of maladjustment and deprivation as early as possible in the child's life. An immediate and practical help to the children, their families and the teaching staff, would be the provision of "on campus" maladjusted units at Junior and Senior level, adequately staffed with teachers, psychiatrists, psychologists and social workers, with good liaison with Child Psychiatric Services.

It appears that withdrawn, immature girls lacking in verbal skills find themselves in General Subjects classes, while acting-out, "dull" and "low average" boys will find themselves so placed in General Subjects classes as a means of containing them.

There was psychiatric confirmation of "psychiatric abnormality" in 64.2% of the children who were assessed by their teachers as "maladjusted". A further group of children (26.9%), seen by their teachers as "stable", were identified by the psychiatrists as suffering from psychiatric abnormality. The teaching staff tended to identify the acting-out boys (who were not identified by the psychiatrists in their standard interview), while the psychiatrists identified the withdrawn, depressed girls (who were seen by their teachers as "stable", since they were not presenting any problems in class).

As well as identifying these areas of disparity, it was possible to indicate the very large area of overlap in assessment of "maladjustment" (64.2%) and "stability" (73.1%) by teachers' and psychiatrists' assessment of the children.

The recognition of the areas of disparity in assessment of "maladjustment" is vital. Children in these categories may be overlooked by either teachers or psychiatrists. It is only through co-operation in assessment that all children in need can be identified.

STATISTICAL TABLES

Year ended 31st December, 1972

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory No.	*Un-satisfactory* No.	*for defective vision (excluding squint)*	*for any other condition recorded at Part II*	*Total individual pupils*
1968 and later	1,091	1,090	1	8	68	75
1967	1,437	1,432	5	29	88	117
1966	3,995	3,981	14	83	269	345
1965	461	460	1	15	37	52
1964	187	187	—	15	28	42
1963	162	160	2	12	28	34
1962	139	139	—	7	24	29
1961	288	287	1	19	14	33
1960	210	210	—	13	12	25
1959	181	181	—	9	21	30
1958	230	230	—	9	22	30
1957 and earlier	2,512	2,502	10	155	200	335
TOTAL	10,893	10,859 (99.69%)	34 (.31%)	374	811	1,147

TABLE B—OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections	10,248
Number of Re-inspections	14,527
Total	24,775

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	96,101
(b) Total number of individual pupils found to be infested	987
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	151
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

PART II

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTES—These tables show the total numbers of:

(i) cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1,292
Errors of refraction (including squint)	4,304
Total	5,596
Number of pupils for whom spectacles were prescribed	1,679

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	104
(b) for adenoids and chronic tonsilitis	438
(c) for other nose and throat conditions	48
Received other forms of treatment	3,504
	4,094

MAC	3,349
USW	56
HOSP	99
	3,504

Total number of pupils still on the register of schools at 31st December 1972 known to have been provided with hearing aids:

(a) during the calendar year 1972	37
(b) in previous years	228

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics (94) or out-patients departments (408)	502
(b) Pupils treated at school for postural defects	160
Total	662

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	2
(b) Body	24
Scabies	14
Impetigo	86
Other skin diseases	6,021
Total	6,147

TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	654

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	1,271

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	45,389
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	4,019
(d) Other than (a), (b) and (c) above.	
Children's Chest Clinic	71
Chiropody	2,686
Enuresis	270
Nutrition	246
U.V.L.	13
Total	52,694

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school? Yes.
   (b) If not, at what age is the first routine test carried out? —
2. At what age(s) is vision testing repeated during a child's school life? Once a year in Primary Schools; every two years in Secondary Schools.
3. (a) Is colour vision testing undertaken? Yes.
   (b) If so, at what age? 12 years.
   (c) Are both boys and girls tested? Boys only.
4. (a) By whom is vision testing carried out? School Nurses.
   (b) By whom is colour vision testing carried out? School Nurses.
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? Yes.
   (b) If not, at what is the first routine audiometric test carried out? —
   (c) By whom is audiometric testing carried out? Audiometricians.

DENTAL INSPECTION AND TREATMENT

Inspections

	Number of pupils		
	Inspected	*Requiring treatment*	*Offered treatment*
(a) First inspection—school	58,629	34,846	26,717
(b) First inspection—clinic	6,689	—	—
(c) Re-inspection—school or clinic	5,189	2,723	—
Totals	70,507	37,569	26,717

Visits (for treatment only)

	Ages 5–9	*Ages 10–14*	*Ages 15 and over*	*Total*
First visit in the calendar year	9,037	6,305	1,938	17,280
Subsequent visits	9,160	9,291	2,398	20,849
Total visits	18,197	15,596	4,336	38,129

Courses of Treatment

Additional courses commenced	632	528	97	1,257
Total courses commenced	9,669	6,833	2,035	18,537
Courses completed	—	—	—	15,633

Treatment

Fillings in permanent teeth	10,449	14,546	4,678	29,673
Fillings in deciduous teeth	9,057	1,060	—	10,117
Permanent teeth filled	9,793	13,297	4,354	27,444
Deciduous teeth filled	8,654	991	—	9,645
Permanent teeth extracted	474	2,143	504	3,121
Deciduous teeth extracted	6,124	1,958	—	8,082
Number of general anaesthetics	1,859	724	50	2,633
Number of emergencies	1,004	776	143	1,923

Number of pupils X-rayed	1,262
Prophylaxis	2,704
Teeth otherwise conserved	1,018
Teeth root filled	60
Inlays	—
Crowns	54

Orthodontics

New cases commenced during the year	185	Includes cases treated by appliance only
Cases completed during the year	63	
Cases discontinued during the year	5	
Number of removable appliances fitted	238	
Number of fixed appliances fitted	12	
Number of pupils referred to Hospital Consultants	219	

Dentures

Number of pupils fitted with dentures for the first time	*Ages 5–9*	*Ages 10–14*	*Ages 15and over*	*Total*
(a) with full denture	—	—	—	—
(b) with other dentures	2	32	11	45
Total	2	32	11	45
Number of dentures supplied (first or subsequent time)	2	32	11	45

Anaesthetics

Number of general anaesthetics administered by Dental Officers	—

Sessions

	Number of clinical sessions worked in the year				
	Administrative sessions	*School Service*		*M. & C.H. Service*	
		Inspection at School	*Treatment*	*Treatment*	*Total sessions*
Dental Officers (incl. P.S.D.O.)	130	352	5,723	391	6,596
Dental Auxiliaries		—	—	—	—
Dental Hygienists	—	—	—	—	—
Total	130	352	5,723	391	6,596

Dental Health Education — Activities undertaken by the Authority:

Leaflets to Schools and Clinics on request. Dental Health Hygiene Kits to five year old school entrants. Talks to Nursery Nurses.

P&S Dept W3382